



Practitioner's Docket No. 48900-C

PATENT

#11
CD
11/5/02

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: G. Makrigiorgos

Application No.: 09/858,200

Group No.: 1634

Filed: May 15, 2001

Examiner: Einsmann, J. C.

For: MUTATION SCANNING ARRAY, AND METHODS OF USE THEREOF

RESTRICTION REQUIREMENT

Assistant Commissioner for Patents
Washington, D.C. 20231

RECEIVED
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Dear Sir:

In response to the Restriction Requirement dated September 26, 2002, applicant elects Group I (claims 1 – 13), directed to a methods of identification of mutations which utilize microarrays.

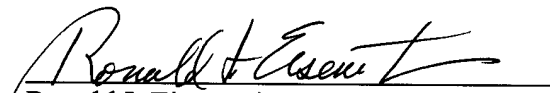
REMARKS

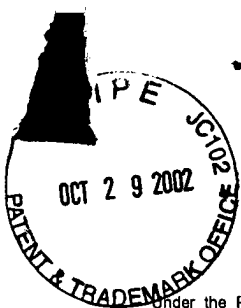
Applicants have elected Group I (claims 1 – 13) in response to the Restriction Requirement. In view of the foregoing, applicant respectfully submits that all claims are in condition for allowance. Early and favorable action is requested.

In the event that any additional fees are required, the PTO is authorized to charge our deposit account No. 50-0850.

Respectfully submitted,

Date: 10/24/02


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PTO/SB92 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U. S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Washington, D.C. 20231

on Oct 24, 2002
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Patricia W. Turner
Signature

Patricia W. Turner
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Response to Restriction Requirement (1p)
Restriction Requirement Transmittal (3pp)
Return Receipt Postcard

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RESTRICTION REQUIREMENT TRANSMITTAL

1. Transmitted herewith is a restriction requirement for this application.

STATUS

2. Applicant is
☒ a small entity. A statement:
 ☐ is attached.
 ☒ was filed February 11, 2002
☐ other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) ☐ Applicant petitions for an extension of time under 37 C.F.R. 1.136
(fees: 37 C.F.R. 1.17(a)(1)-(4)) for the total number of months checked below:

Extension (months)	Fee for other than <u>small entity</u>	Fee for <u>small entity</u>
<input type="checkbox"/> one month	\$110.00	\$55.00
<input type="checkbox"/> two months	\$400.00	\$200.00
<input type="checkbox"/> three months	\$920.00	\$460.00
<input type="checkbox"/> four months	\$1440.00	\$720.00
<input type="checkbox"/> five months	\$1960.00	\$980.00

Fee: \$ _____

If an additional extension of time is required, please consider this a petition therefor.

(check and complete the next item, if applicable)

- [] An extension for _____ months has already been secured. The fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ _____

OR

- (b) [X] Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col.1)		(Col. 2) (Col. 3) SMALL ENTITY				OTHER THAN A SMALL ENTITY			
Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee	OR	Rate	Addit. Fee	
Total	* Minus	**	=	x \$9 =	\$		x \$18 =	\$	
Indep.	* Minus	***	=	x \$42 =	\$		x \$84 =	\$	
[] First Presentation of Multiple Dependent Claim				+ \$140 =	\$		+ \$280 =	\$	
Total Addit. Fee					\$ _____	OR	Total Addit. Fee	\$ _____	

* If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

WARNING: "After final rejection or action (§ 1.113) amendments may be made canceling claims or complying with any requirement of form which has been made." 37 C.F.R. 1.116(a) (emphasis added).

(complete (c) or (d), as applicable)

- (c) [X] No additional fee for claims is required.

OR

(d) ☐ Total additional fee for claims required \$ _____.

FEE PAYMENT

5. ☐ Attached is a check in the sum of \$ _____.
☐ Charge Account No. _____ the sum of \$ _____.
A duplicate of this transmittal is attached.

FEE DEFICIENCY

NOTE: If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).

6. ☒ If any additional extension and/or fee is required, charge Account No. 50-0850.

AND/OR

- ☒ If any additional fee for claims is required, charge Account No. 50-0850.


SIGNATURE OF PRACTITIONER

Ronald I. Eisenstein, Reg. No. 30,628

Nicole L.M. Valtz, Reg. No. 47,150

(type or print name of practitioner)

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